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CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10-624343</div>		Filing Date		
Applicant(s)							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep											